

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY

PATENT APPLICATION

TRANSMITTAL

Attorney Docket No. X-11368A

First Named Inventor or Application Identifier

Hoffmann, James Arthur

Express Mail Label No.

EL018700312US

Application Elements

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (Submit an original, and a duplicate for fee processing)

6. ☐ Microfiche Computer Program (Appendix)

2. ☒ Specification [Total 21 Pages]
(preferred arrangement set forth below)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims

- a. ☒ Computer Readable Copy
- b. ☒ Paper Copy (identical to computer copy)
- c. ☒ Statement verifying identity of above copies

- Abstract of the Disclosure

3. ☐ Drawing(s) (35 USC 113) [Total 0 Sheets]

4. ☐ Oath or Declaration [Total 3 Pages]

☐ Newly executed (original or copy)

☒ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]

i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☒ Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

- 8. ☐ Assignment Papers (cover sheet & document(s))
- 9. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney (when there is an assignee)
- 10. ☐ English Translation Document (if applicable)
- 11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- 12. ☒ Preliminary Amendment
- 13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 14. ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired
- 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)

16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/585,181

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

(Insert Customer No. Or Attach bar code label here)

Correspondence address below

Eli Lilly and Company

ADDRESS

Lilly Corporate Center
Patent Division DC: 1104

25885

25885

PATENT TRADEMARK OFFICE

CITY Indianapolis

STATE Indiana

ZIP CODE 46285

COUNTRY U.S.A.

TELEPHONE 317-277-2620

FAX 317-276-3861

SUBMITTED BY

Typed or Printed Name Gregory A. Cox

Complete (if applicable)

Signature *Gregory A. Cox*

Reg. Number 47,504

"Express Mail" mailing label number

Date February 8, 2002

Date of Deposit February 8, 2002

EL018700312US

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Arlington, VA 22202-0322.

Printed Name

Signature

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PTO/SB/17 (12/97)

Approved for [redacted] through 09/30/00. OMB 0651-0032
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FEE TRANSMITTAL Note: Effective November 10, 1997. Patent fees are subject to annual revision.				Complete if Known																																																																																																																																																																																													
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 05-0840 Deposit Account Name: Eli Lilly and Company <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																																																																																																																																																																													
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